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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number    10/782,785	Filing Date    February 23, 2004
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		First Named Inventor    Nobushige KORENAGA	Examiner Name    M. O. Sy
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Art Unit    3683	Attorney Docket No.    00862.023468

<b>METHOD OF PAYMENT (check all that apply)</b>			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
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<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>06-1205</u>		Deposit Account Name: <u>Fitzpatrick, Cella, Harper &amp; Sinto</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>FILING FEES</b> <b>Small Entity</b>		<b>SEARCH FEES</b> <b>Small Entity</b>		<b>EXAMINATION FEES</b> <b>Small Entity</b>			
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Small Entity</b> <b>Fee(\$)</b>	<b>Fee(\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
12    - 20 or (HP) = 0    x    50.00    =    0.00				360.00		_____	_____
HP = highest number of total claims paid for, if greater than 20							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
2    - 3 or (HP) = 0    x    200.00    =    0.00							
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>			<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
_____ - 100 = 0    / 50 = 0    (round up to a whole number) x    250.00    =    0.00					_____	_____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification,    \$130 fee (no small entity discount)							
Other: Request for Continued Examination Transmittal (RCE) fee of \$790.00 paid electronically							

<b>SUBMITTED BY</b>		
Signature	Registration No. 33,326 (Attorney/Agent)	Telephone 202-530-1010
Name (Print/Type)    Steven E. Warner	Date: October 24, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.